

<b>Case Number:</b>	CM15-0125430		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old male patient who sustained an industrial injury on 06/24/2008. The diagnoses include displacement of lumbar intervertebral disc without myelopathy. According to the progress notes dated 5/11/15, he had complaints of constant severe pain in the low back radiating to the right leg, rated 8/10. He reported sleeping only two hours per night; he had difficulty falling asleep and sleep was interrupted by pain. The physical examination revealed slightly impaired gait and walked with a cane, tenderness at L4 with right radiculopathy. The medications list includes norco, neurontin and dilaudid. Progress notes from 11/21/14 stated that the patient had problems with urinary and bowel incontinence as well as impotence. He has had an MRI of the lumbar spine on 4/3/15 which showed mild diffuse annular bulge at L4-5 and L5-S1; stable right partial laminectomy at L4-5; and small left paracentral disc protrusion with posterior annular tear at L5-S1. The patient was given an intramuscular injection of Morphine for exacerbation of back pain on 5/11/15. A request was made for retrospective review for Morphine 10mg injection intramuscular for low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retro: Morphine 10mg injection intramuscular for low pack pain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.wheelsonline.com/ortho/morphine\\_sulfate](http://www.wheelsonline.com/ortho/morphine_sulfate).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, Page 75 Morphine is an opioid analgesic.

**Decision rationale:** Per the cited guidelines "Morphine is the most widely used type of opioid analgesic for the treatment of moderate to severe pain." The patient was given an intramuscular injection of Morphine for exacerbation of back pain on 5/11/15. Evidence of intolerance of oral medications was not specified in the records provided. In addition, medications list includes norco, neurontin and dilaudid. Response to these oral medications for pain was not specified in the records provided. The medical necessity of Retro: Morphine 10mg injection intramuscular for low-back pain was not fully established for this patient at that time.